

Application Data Sheet

Application Information

Application number::
Filing Date:: 02/10/04
Application Type:: Divisional
Subject Matter:: Utility
Title:: PERCUTANEOUS TISSUE TRACK CLOSURE
ASSEMBLY AND METHOD
Attorney Docket Number:: 017067-002830US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 4
Total Drawing Sheets:: 10
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RUSSELL
Middle Name:: J.
Family Name:: REDMOND
City of Residence:: Goleta
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1148 North Fairview Avenue
City of Mailing Address:: Goleta
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 93117

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: CLAUDE
Middle Name:: A.
Family Name:: VIDAL
City of Residence:: Santa Barbara
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 5426 San Patricio Drive
City of Mailing Address:: Santa Barbara
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 93111

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: CARY
Middle Name:: J.
Family Name:: REICH
City of Residence:: Los Gatos
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 15621 Lomas Lane
City of Mailing Address:: Los Gatos
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95030

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: FELIX
Family Name:: VEGA
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 53 Carmelita Street
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94117

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/957,176	09/19/01
09/957,176	Division of	09/361,663	07/27/99
09/361,663	An Appn claiming	60/095,306	08/04/98
	benefit under 35 USC		
	119(e) of		

Assignee Information

Assignee Name:: Fusion Medical Technologies, Inc.
Street of mailing address:: 34175 Ardenwood Blvd.
City of mailing address:: Fremont
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94555